STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PERMIT

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INSTRUCTIONS

- Please read this form before completing.
- This form must be typed or printed legibly in black ink.
- Provide complete information (Incomplete information will delay review of your application).
- Enclose the application fee made payable to the Missouri Board for Respiratory Care. Payment must be made in the form of a check or money order.
- Fingerprints must be obtained from a law enforcement agency.
- A permit holder may only perform and provide services of a respiratory care practitioner under the direct clinical supervision of a licensed respiratory care practitioner. Have your supervisor complete the enclosed supervision registration form and submit the form with this application.
- If you are or have ever been licensed, certified, registered or been granted a permit as a respiratory care practitioner by another state, territory of the United States, province or country request that verification of your license, registration, certification, or permit be completed by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, province or country in which a license, certification, registration or permit was held.
- Affix a recent photograph of yourself in the space provided to the right of this section.
- Pursuant to § 620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclosure your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.
- **Fees are non-refundable.**
- **Application will expire if the process is not completed within six (6) months from the received date.**

RETURN NOTARIZED APPLICATION FORM, SUPERVISION REGISTRATION, FEE AND FINGERPRINTS TO:

MISSOURI BOARD FOR RESPIRATORY CARE
3605 MISSOURI BOULEVARD
P.O. BOX 1335
JEFFERSON CITY MO 65102-1335

TELEPHONE: (573) 522-5864
TDD: (800) 735-2966

AFFIX PHOTOGRAPH

TYPE OF APPLICATION:

☐ Temporary Permit (this permit may be issued only once to an individual and is valid for six (6) months)
Application Fee: $20

The Missouri Board for Respiratory Care must receive verification of your work experience directly from a supervisor, medical director, department director or human resource department on the enclosed verification of work experience form.

I am submitting this application based upon the fact that (check all that apply):

☐ 1. I have six (6) months of verifiable military experience in the practice of respiratory care; or

☐ 2. I have been performing the duties of a respiratory care practitioner as defined in Section 334.800, RSMo, of the Respiratory Care Practice Act for the previous twelve (12) months in a U.S. territory or foreign country; or

☐ 3. I have had special on-the-job training in the practice of respiratory care on August 28, 1996 and am currently performing the duties of a respiratory care practitioner as defined in Section 334.800, RSMo, of the Respiratory Care Practice Act.

☐ Temporary Educational Permit (this permit may be issued to an individual that is currently enrolled in an accredited respiratory care program and is valid up to six (6) months after completion of the educational program)
Application Fee: $15

You must have the enclosed verification of education form completed and mailed directly to the Missouri Board for Respiratory Care.

APPLICANT DATA

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME

SOCIAL SECURITY NUMBER	E-MAIL	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER

RACE (THIS INFORMATION IS VOLUNTARY)	GENDER (THIS INFORMATION IS VOLUNTARY)

RESIDENCE STREET ADDRESS (IF P.O. BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)	CITY	STATE	ZIP

CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER

EMPLOYMENT ADDRESS	CITY	STATE	ZIP

EDUCATION (Also include any military medical training)

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED FROM MON.	DATES ATTENDED FROM YR.	DATES ATTENDED TO MON.	DATES ATTENDED TO YR.	DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY

PROFESSIONAL EXPERIENCE

BEGIN WITH THE MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY

A. NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM MON.	FROM YR.	TO MON.	TO YR.	IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
				TITLE OF APPLICANT'S POSITION	MONTHS EXPERIENCE

RESPIRATORY DUTIES PERFORMED

B. NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM MON.	FROM YR.	TO MON.	TO YR.	IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
				TITLE OF APPLICANT'S POSITION	MONTHS EXPERIENCE

RESPIRATORY DUTIES PERFORMED

C. NAME AND ADDRESS OF EMPLOYER					
NATURE OF BUSINESS					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME AND ADDRESS	
MON.	YR.	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	MONTHS EXPERIENCE
RESPIRATORY DUTIES PERFORMED					

LICENSURE, CERTIFICATION OR REGISTRATION

The applicant must answer the following questions. If any of the questions are answered yes, the applicant must provide an explanation.

	YES	NO
1. Have you ever been issued a professional license, certification, registration, or permit by any State, United States Territory, province or country? If yes, please list the state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license.	☐	☐
2. Have you ever been denied a professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement.	☐	☐
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? If yes, explain fully in a separate notarized statement.	☐	☐
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If yes, explain fully in a separate notarized statement.	☐	☐
5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration, or permit? If yes, explain fully in a separate notarized statement.	☐	☐
6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed, or are such actions currently pending (excluding traffic violations)?	☐	☐
7. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed, or are such actions currently pending?	☐	☐
8. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a respiratory care practitioner would be affected? If yes, explain fully in a separate notarized statement.	☐	☐
9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment.	☐	☐

	YES	NO
10. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a respiratory care practitioner? If yes, explain fully in a separate notarized statement and attach certified copies of court documents.	☐	☐
11. Do you have a medical condition that in any way impairs or limits your ability to perform with reasonable care and safety the essential functions of a respiratory care practitioner with or without reasonable accommodations? If yes, explain fully in a separate notarized statement.	☐	☐

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a permit to practice respiratory care in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of respiratory care and subject to the rules and regulations of the Missouri Board for Respiratory Care. I subscribe and agree to abide by all applicable laws and rules regarding the practice of respiratory care. I hereby certify that I have familiarized myself with sections 334.800-334.930 RSMo, known as the Respiratory Care Practice Act and applicable rules promulgated by the Missouri Board for Respiratory Care.

I understand that I must perform respiratory care services only under the direct clinical supervision of a licensed respiratory care practitioner as approved by the Missouri Board for Respiratory Care. If, for any reason the arrangements for my supervision should change, I will notify the Missouri Board for Respiratory Care immediately.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	